



**Governor Names Oscar Herrera as Secretary of Department of Regulation and Licensing.**

Governor Scott McCallum announced on March 29, 2001, that Oscar Herrera would head the Department of Regulation and Licensing. As a 16-year state employee, Herrera brings a wealth of experience and knowledge of state government to his new position.

Born and raised in Mexico City, Herrera received a bachelor's degree in economics and a master's degree in agricultural economics from universities in Mexico. At the University of Wisconsin-Madison, he received a master's degree in continuing and vocational education and completed his doctoral studies in development.

Herrera joined the Wisconsin Coastal Management Program in 1985 and became director of the Program in 1992. For 14 years he was involved with the Federal Consistency Regulatory Program managed by the Wisconsin Coastal Management Program and oversaw enforcement of state policies in the coastal zone of Wisconsin (Wisconsin Great Lakes Coastal counties.)

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**PSYCHOLOGY  
EXAMINING BOARD**



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**Members of the Board:**

Barbara A. Van Horne, Ph.D., Chair (Madison)  
Mariellen Fischer, Ph.D.; Vice-Chair (Milwaukee)  
McArthur Weddle, Secretary, Public Member (Milwaukee)  
Don Crowder, Ph.D., (Lake Geneva)  
James M. Fico, Ph.D. (Waupaca)  
B. Ann Neviaser, Public Member (Madison)

**Administrative Staff:**

Kimberly M.L. Nania, Ph.D., Bureau Director

**Executive Staff:**

Oscar Herrera, Secretary  
William J. Conway, Ph.D., Deputy Secretary  
Myra Shelton, Executive Assistant

From 1999 to his appointment as Secretary of Department of Regulation Licensing, he was director of the Bureau of Minority Business Development in the Department of Commerce.

Secretary Herrera looks forward to his new responsibilities and leading the Department of Regulation and Licensing.

**Secretary Marlene Cummings Retires**

Governor Tommy G. Thompson announced that Marlene Cummings retired after serving 14 years as secretary of the Department of Regulation and Licensing to pursue private interests.

Governor Thompson thanked Secretary Cummings for her years of outstanding work and guidance on licensing issues.

Secretary Cummings, retired from state service on February 25, 2001, had served with Governor Thompson since the beginning of his administration and was one of his first cabinet appointments.

"Marlene truly is a great friend, a great leader and a source of stability within the administration," Governor Thompson said. "We will miss her sound judgment and her innovative ideas. She has worked well with the licensing boards and her resignation will be a great loss for hundreds of board members and the entire state of Wisconsin."

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Governor Thompson said Secretary Cummings has had an extremely successful tenure that emphasized changes in the handling of disciplinary complaints and adopted innovative disciplinary procedures. Her innovations have included an agency time-line for handling complaints, the use of mandated education and a procedure for managing professionals with drug and alcohol addictions.

“My 14 years of service in Governor Thompson’s administration have been both inspiring and challenging,” Secretary Cummings said. “We were often at the forefront of significant business and health care developments.” Secretary Cummings also thanked Governor Thompson for his encouragement and the opportunity to serve, and wished him great success as a member of President Bush’s cabinet.

Secretary Cummings says she is retiring to devote more time to her family. She said that she also needs more time for research and writing.

#### **Governor Appoints New Board Members**

**McArthur Weddle** of Milwaukee has been appointed to the Psychology Examining Board. McArthur has extensive experience in community outreach. His expertise will be a positive contribution to the board. Mr. Weddle is the executive director for the Northcott Neighborhood House. He was a weekend counselor for St. Charles Youth and Family Services, a group work coordinator for the Milwaukee Boys Club and a childcare counselor for the Witt Hall Residential Treatment Center. Mr. Weddle has a Baccalaureate degree in education from the University of Wisconsin.

**Don Crowder** received his MS in Clinical Psychology from Eastern Kentucky University in 1970. His first job was as a staff psychologist and later Director of Drug Treatment Services for a community mental health center in Michigan. He then served as director of a community mental health center in Virginia, prior to returning to the University of Health Sciences, Chicago Medical School. There he completed his PhD in psychology with emphasis in medical psychology and neuropsychology.

After completing his degree, Dr. Crowder entered private practice in Burlington, Wisconsin in 1984. The practice evolved into a group practice, and eventually was purchased by Aurora Medical

Group in 1995. Dr. Crowder has continued with the practice and is currently Director of Behavioral health Services for the Aurora South Region. He is a member of the medical staff of Memorial Hospital of Burlington, Aurora Medical Center Kenosha, and Lakeland Medical Center.

Dr. Crowder and his wife, Connie, live in Lake Geneva. They have three grown children, one grandson, and another grandchild due in May. Hobbies include travel, snow skiing, and running. Dr. Crowder and his oldest daughter recently completed the Chicago Marathon, and ran the Boston Marathon in April.

#### **Important Mobility Deadline**

##### **Do you think you might ever want to be licensed in another state?**

By: Stephen F. Seaman, Ph.D. and Barbara Van Horne, Ph.D.

Receiving a Psychology License in another state or province is getting easier. Meeting the qualifications for licensing in another jurisdiction has often been a hassle, particularly for psychologists who’ve been practicing for some time. Not only have licensing requirements changed over time, but supervisors may no longer be available to verify supervised experience. Psychology Licensing Boards have been aware of this problem and along with the Association of State and Provincial Psychology Boards (ASPPB) have created a way to address potential problems. The **Certificate of Professional Qualification (CPQ)** provides qualified psychologists with a credential that is already recognized by 13 jurisdictions and 14 more have voted to accept it and are taking the necessary step to implement their decision. An increasing number of psychology boards are also considering the CPQ as a means of easing the licensure process.

In addition to the standard requirements for qualifying for the CPQ, an easier route is currently available to members of both the National Register and the Canadian Register but only until **12/31/2001**. All applicants for the CPQ must have been licensed and practicing independently for a minimum of five years on the basis of a doctoral degree in psychology. There also cannot be a history of disciplinary action (more serious than a reprimand) by a licensing board.

Psychologists who don’t take advantage of the time limited National Register/Canadian Register

must either be able to document 2 years of supervised experience, successful completion of both the national exam (EPPP) and an oral examination; or have been awarded an ABPP. (Some requirements are remediable.)

The CPQ was designed to promote mobility for doctoral level licensed psychologists. ASPPB also offers a **credentials bank** that is available to any doctoral-level psychologist or graduate student, regardless of whether he or she is eligible for the CPQ. With the credentials bank, important data can be archived (e.g. education, documentation of supervision, exam scores) for easy reporting to a licensing board or other entity.

For more information on the CPQ or the credentials bank, access the ASPPB web site at [www.asppb.org](http://www.asppb.org) and look for the Certificate of Professional Qualification in Psychology (CPQ), or call (800) 448-4069 or send an e-mail inquiry to [cpq@asppb.org](mailto:cpq@asppb.org).

### RELEASE OF CLIENT RECORDS

The board has received a number of questions related to the release of client records for patients or clients who are minors. Most health care records are subject to the Wisconsin Patient Health Care Records Law (Sections 146.91-146.84, Stats.), and present little difficulty in terms of the minor patient. Sec. 146.83, Stats., states in part that, "All patient health care records shall remain confidential. Patient health care records may be released only to the persons designated in this section or to other persons with the informed consent of the patient or of a person authorized by the patient." Sec. 146.81(5), Stats., defines "person authorized by the patient" to include "the parent, guardian or legal custodian of a minor patient...[or] the person vested with supervision of the child..." Under normal circumstances, then, and again assuming the records are subject to Chapter 146, Stats., a minor's health care records would always be accessible to his or her parent or guardian (except a parent denied physical placement with the child).

Things become somewhat more complicated when the health care records of a minor are subject to the Mental Health Act; Chapter 51 of the statutes. Records subject to the recordkeeping provisions of that chapter, found at sec. 51.30, Stats., are excepted from the requirements of Ch. 146, Stats.,

and these provisions grant minors control over their records not provided by Ch. 146.

In terms of which records are subject to the Mental Health Act, sec. 51.30(1)(b), Stats., defines them to include "the registration and all other records concerning individuals who are receiving or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence which are maintained by the department [of Health & Family Services], by county departments under s. 51.42 or 51.437 and their staffs, and by treatment facilities." "Treatment facility," in turn, is defined as "any publicly or privately operated facility or unit thereof providing treatment of alcoholic, drug dependent, mentally ill or developmentally disabled persons, including but not limited to inpatient and outpatient treatment programs, community support programs and rehabilitation programs" (sec. 51.01(16), Stats.). Excluded from this definition are "Private practitioners practicing individually who are not providing services to boards" (sec. HSS 92.01, Code).

Like the Patient Health Care Records Act, the Mental Health Act permits release of patient records only with the consent of the patient, or of his or her parent, guardian or "person in the place of a parent." Unlike Chapter 146, however, Chapter 51 carves out the following special rules for release of the records of minors:

- In all cases, a minor who is aged 14 or more may consent to the release of treatment records without the consent of parent or guardian. A minor under the age of 14 has the right of access to his or her treatment records, but only in the presence of the parent, guardian, counsel or staff member of the treatment facility (sec. 51.30(5)(b)2., Stats.).
- The parent or guardian of a minor who has a developmental disability has access to the minor's records except for the records of such a minor who is over the age of 14 and who has filed a written objection to such access with the custodian of the records (sec. 51.30(5)(b)1., Stats.). Persons providing care to developmentally disabled minors over the age of 14 must document in the patient record that the patient had been notified of this right to block access (sec. HSS 92.06(3), Code).

- Under federal law and sec. HSS 92.06(2), Code, treatment records of minors treated for alcohol or drug abuse may be released only with the minor's consent, regardless of the minor's age.

In short, parents or legal guardians do have access to the treatment records of a minor patient, unless the patient is developmentally disabled and objects in writing to that access, or unless the records have to do with the treatment of alcohol or drug abuse.

While many psychologists may seek legal advice if this issue arises in their practice, it is important to understand the current status of the law because minor patients over 14 should not be told that parents can be blocked from having access to their records, and records should be created with that understanding. If the Department of Health and Family Services (which has the ultimate responsibility for interpreting Chapter 51 of Wisconsin Statutes) establishes a different standard in interpreting this law, or if the legislature addresses these anomalies legislatively, then psychologists can alter their practice accordingly.

### **The Licensure Process in Wisconsin Supervised Experience and Scope of Practice**

This article is offered to clarify both the statutory requirements and the specific procedures of the Psychology Examining Board regarding supervision and scope of practice of applicants for licensure in Wisconsin.

When an application for licensure is reviewed by the Psychology Examining Board, among the issues examined is a comparison between the applicant's documented experience and his/her proposed scope of practice. The Wisconsin Psychology License is a generic license. The same license is granted independent of areas of specialization or experience. However, both APA Ethical Principles (1.04), and Wisconsin Administrative Rules (Psy 5.01(3)) are explicit in stating that psychologists should only provide independent services in areas in which the psychologist has had appropriate education, training and supervised experience. It has been the policy of the Psychology Examining Board since its inception that licensed psychologists must limit their practice to areas in which they have competence. The applicant for licensure must, by rule (Psy 2.09(3)), document competence

based on his/her pre- and postdoctoral supervised experience.

When a license application is reviewed by the Board, a comparison is made between the information on the Supervised Experience Forms submitted by the supervisors and the Nature of Intended Practice Form submitted by the applicant. The Board expects to see a correspondence between the applicant's intended practice areas (ages served, types of services, setting, specialty services) and the supervised experience. If there is some apparent discrepancy, applicants are invited to submit further documentation and/or discuss this issue with the board at the time of the oral interview. In many instances the concerns of the Board can be satisfied. Sometimes, clarification by the supervisor addresses areas of concern.

If additional documentation and discussion are not sufficient to address the concerns of the Board, the applicant is asked to remove the type of service, setting or age range from the Nature of Intended Practice. This does not mean that the newly licensed psychologist cannot provide those services. This does not mean a limited license. The Board feels that it is in the interests of both the psychologist and his/her clients to seek additional supervision/consultation in these areas. The psychologist can function as a licensed psychologist in providing these services. The psychologist is expected to function as any licensed psychologist should and seek training, supervision, and/or consultation when expanding practice into new areas, with new populations, in new settings, or when past training and supervision has not fully prepared for independent practice.

How much supervision/consultation and of what type are needed to include additional areas in a scope of practice? In order to answer this question, a distinction must be made between the training each of us has had as we learn to become a licensed psychologist, and the training we undertake to learn new skills or work with new types of clients after licensure. The process of becoming a psychologist is an intensive sequence of experiences which includes statutory regulations of a doctoral degree in psychology as well as 3000 hours of supervised experience. There are specific requirements as to the nature of the experience, the nature of the supervision, and

the qualifications and duties of the supervisor. Both before and after licensure, there are a variety of other types of experiences which also contribute to the overall breadth of knowledge and expertise possessed by any psychologist. Therefore, the requirements for expansion of the scope of practice after licensure tend to be more flexible, depending upon the individual circumstances of the psychologist. Provided that the training and/or supervision are provided by someone who is experienced in the particular area, the Board most often defers to the judgment of the supervisor/consultant/trainer in collaboration with the psychologist. In some instances the additional training/experience needed will be quite limited, in other situations, an extensive retraining program is indicated. This is true for both newly licensed and experienced psychologists.

The Board has particular concerns during the initial licensure process, as the newly licensed psychologist is most likely to be unaware of some of the limitations of their knowledge, while they may be working in a situation where there is some pressure to provide services for which they are not fully trained.

There has been some concern raised that the Board has been restrictive about the activities or populations approved. This has been the case in some particular circumstances where the supervised experience has been quite narrow. The Board has taken the stance that an applicant for licensure who has had their entire supervised experience in a specialized facility, a correctional facility for adjudicated adolescents (for instance), is not prepared to provide marital therapy to a middle-aged couple or play therapy to a young child in an outpatient setting without seeking some additional supervision or consultation as he or she learns to recognize the implications of providing those types of services in a different setting. Likewise, a psychologist whose entire supervised experience has been with moderately to severely cognitively impaired adults in an institutional setting should seek additional training and supervision in order to independently provide general outpatient services. By the same token, psychologists who have had virtually their entire experience in outpatient clinical settings should receive training and supervision if they want to provide Chapter 980 evaluations of incarcerated sex offenders, I/O services, or inpatient services (or any other significant change in the nature of

their practice). There is a clear requirement that psychologists practice only in areas of competence based on training and supervision. It is this Board's responsibility to insure that newly licensed psychologists have that training and supervision to provide competent services to the public. The Board's policy is to not make assumptions about what or how much of supervised experience can be generalized to other areas, settings or populations. It is the view of the Board that there should be direct experience and supervision for initial licensure and it is the training supervisor who verifies qualifications.

Again, this does not mean that psychologists cannot expand into areas of practice which are new, or in which they have only limited experience. We would encourage them to do so. However, it is incumbent upon all of us who are licensed for independent practice to seek training and consultation as we provide new types of services, practice in a different setting, or work with a different population. As licensed psychologists move beyond their initial training and experience, it becomes their professional responsibility to meet the intent and letter of the law to maintain competence in their practice by whatever means they feel is appropriate. It is critical that we, as supervisors, model and guide psychologists early in their careers to only enter into areas they have sufficiently mastered to not only protect the public but to also provide quality service.

If you supervise applicants for licensure, note: how you supervise and how you complete the supervision form matters.

It is your responsibility to have read the Wisconsin statutes and rules regarding licensure requirements. Follow them, please.

**AUDIT OF 1997-99 CONTINUING EDUCATION REQUIREMENT**  
**Outcome of ten percent (10%) random audit of all licensees.**

	<b>GENERIC LICENSEES</b>	<b>GENERIC LICENSEES</b>	<b>PRIVATE PRACTIC E SCHOOL</b>	<b>PRIVATE PRACTICE SCHOOL</b>
<b>Number Audited</b>	126 <sup>1</sup>		18 <sup>2</sup>	
<b>Subject to Audit</b>	<b>112<sup>3</sup></b>	<b>100%</b>	<b>16</b>	<b>100%</b>
<b>Initially Met the Requirement</b>	89	79%	3	19%
<b>Documentation Problems but Corrected</b>	9	8%	7	44%
<b>Total Met the Requirement</b>	<b>98</b>	<b>87%</b>	<b>13</b>	<b>62%</b>
<b>Handled by Enforcement</b>	<b>13</b>	<b>12%</b>	<b>6</b>	<b>38%</b>
<b>Not Complete 40 CE at Audit But Completed Prior to DOE Case</b>	2	2%	0	0%
<b>Completed 40 CE but Lacked Board Approval</b>	4	4%	0	0%
<b>Insufficient Ethics though Completed 40 CE</b>	3	3%	1	6%
<b>Not Complete 40 or 8 Ethics CE</b>	3	3%	2	6%
<b>Formal Disciplinary Actions</b>	1	1%	3	19%

The results of the most recent audit show that some licensed psychologists have renewed their licenses without meeting the continuing education requirements. All licensees should be aware that the Board has attempted to inform and accommodate licensees in the last three bienniums. The Psychology Examining Board has determined that the 1999-2001 audit process will be more exacting in its enforcement of the mandated requirements. It is probable that CE failures discovered by that audit will result in public discipline. By law, no psychologist should sign the affidavit of completion unless they are absolutely certain they have the necessary documentation of completed CE in their possession. Please recognize that all CE must be provided by an APA Approved Sponsor, Category I CME, or is continuing education at the post-licensure level offered by a regionally accredited college or university.

**Continuing Education Credits Reminder:**

By September 30, 2001, you must have documentation of 40 credits of continuing education.

- 8 credits of ethics, jurisprudence, and risk management. The ethics programs should focus on ethical principles, state statutes and regulations impacting psychology practice, liability prevention, and the protection of the public in the delivery of

services.

- Programs offered by an APA Approved Sponsor or Co-sponsor,
- Programs approved as Category I continuing medical education (CME), or
- Graduate level courses or continuing education relevant to the professional practice of psychology at the post-licensure level offered by regionally accredited colleges and universities.
- No more than 20 credits in any one program.
- If practicing and licensed in another state, CE approved by the psychology licensing board in that state.

**TEMPORARY PRACTICE DEFINED**

Under s. 455.03, Stats., a psychologist who is licensed in another state may offer services as a psychologist in this state for not more than 60 working days in any year without holding a Wisconsin license. There has been confusion in the past, with persons practicing under the provision seeking to clarify whether "60 working days" means 480 hours or 60 calendar days. Also causing confusion is the situation where an out-of-state psychologist provides some services to a patient at a time when both are located within this state and some services to that patient when the patient is

<sup>1</sup>Eleven licensed within biennium, one Retired, one Deceased

<sup>2</sup>One licensed within biennium, one Retired

<sup>3</sup> One failed to complete requirement but did not sign renewal nor practice until fulfilled requirement

located in Wisconsin and the psychologist is located in his or her state of licensure. The new rule makes it clear that a "working day" is any day in which any psychological services are provided, regardless of the number of hours in that day that practice occurs. The rule would also make it clear that practice occurs in Wisconsin any time that the patient is located in Wisconsin, even if the out-of-state psychologist is located in his or her state of licensure and is providing the services by electronic or telephonic means. The text of the new rule, which becomes effective July 1, 2001, is as follows:

**Psy 2.14 Temporary practice.** The following apply to the temporary practice of psychology by a psychologist who is licensed or certified by a similar examining board of another state or territory of the United States or of a foreign country or province who offers services as a psychologist in this state under s. 455.03, Stats.

(1) Any portion of a calendar day in which the psychologist provides services in this state is considered one working day.

(2) A psychologist provides psychological services in this state whenever the patient or client is located in this state, regardless of whether the psychologist is temporarily located in this state or is providing services by electronic or telephonic means from the state where the psychologist is licensed.

### **Disciplines**

STEVEN R. STEIN PHD

MADISON WI

REPRIMAND

Failed to keep adequate records of a patient's treatment. Complete a course by 2/13/2001. Effective 11/15/2000. Psy 5.02(4) Case #LS0002232PSY

MICHAEL P TOMARO PHD

MILWAUKEE WI

REPRIMAND

Failed to keep adequate records of a patient's treatment. Failed to provide the patient with a description in what to be expected in the way of fees and billing. Failed to avoid dual relationships. Complete a program addressing the issues of health care-patient relationship boundaries and recordkeeping. Effective 1/12/2001. Sec. 455.09, Stats. Psy 5.02(4),(15),(17) Case #LS0101121PSY

MICHAEL J LACKAS

Private Practice of School Psychology

FOND DU LAC WI

SURRENDER/COSTS

Failed to obtain 40 contact hours of continuing education preceding his application for renewal of his license. Pay costs of \$200.00. Effective 11/15/2000. Sec. 455.09(1)(g), Stats. Psy 5.01(28) Case #LS0011161PSY

PETER J BOWES EDD

MILWAUKEE WI

SURRENDER

Failed to avoid dual relationships or relationships that may impair a psychologist's objectivity or create a conflict of interest. Failed to make and maintain adequate records of the treatment of some of his clients. Voluntary surrender effective 3/1/2001. Sec. 455.09(g), Stats. Psy 5.01(4) Case #LS010207PSY

TERRILL L. BRUETT EDD

WAUKESHA WI

REPRIMAND/LIMITED

Committed gross negligence in practice and performed professional services inconsistent with training, education or experience. Shall not evaluate or treat any person known to have committed a sexual offense or thought to have a sexual paraphilia. Ordered to obtain training and experience necessary to provide effective evaluation and treatment of sex offenders and paraphilias. Effective 3/13/2001. Sec. 455.09(1)(g), Stats. Psy 5.02(2),(4) Case #LS0103131PSY

JOHN H PFLAUM PHD

MILWAUKEE WI

REPRIMAND/COSTS

Signed a license renewal form indicating he had completed continuing education, when in fact he had not. Failed to obtain 40 contact hours of continuing education. Costs of \$870.25. Effective 2/7/2001. Sec. 455.09(1)(d),(g), Stats. Psy 5.01(27) Case #LS0012151PSY

CAROLYN V EDWARDS (ZIELINSKI) PHD

PARK RIDGE IL

SURRENDER

Failed to avoid dual relationships that may impair a psychologist's objectivity or create a conflict of interest. Failed to notify the board of having had a license and registration granted by another state for the practice of psychology suspended. Effective 3/13/2001. Sec. 455.09(1)(g), Stats. Psy 5.01(17) Case #LS0103132PSY

# REGULATORY DIGEST

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## Telephone Directory

**Automated Phone System for Chiropractic, Acupuncture, Massage Therapists/ Bodyworkers, Music Art & Dance Therapists, Marriage & Family Therapists, Nursing, Optometry, Professional Counselors, Psychology, & Social Workers: (608) 266-0145.**

Press 1 To Request an Application  
Press 2 Status of a Pending Application  
Press 3 Verification of Credential Holder  
Press 4 Name and Address Changes  
To Request the Wisconsin Statutes and Administrative Codebook  
Complaint Against a Credential Holder  
Renewal of a Credential  
Legal Questions  
Press 5 to repeat this menu or if you are calling from a rotary telephone, stay on the line and your call will be answered in the order received.  
FAX: (608) 261-7083

## Wisconsin Statutes and Code

Copies of the Psychology Examining Board Statutes and Administrative Code can be ordered from the Department. Include your name, address, county and a check payable to the Department of Regulation and Licensing in the amount of \$5.28. The latest edition is dated February, 2001.

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## Quick Keys

The following are voice mail “short cuts.”

To request a license application for your profession, just dial (608) 266-0145, then enter the Quick Key numbers below for the profession you want:

1-4-1 Doctoral in Psychology  
1-4-2 Cont. Ed. Information/Application  
1-4-3 Private Practice School Psychologist

## Verifications

All requests for verification of license status must be in writing. There is no charge for this service.

For our new “online Verification of Credential Holders” visit our Website at [www.drl.state.wi.us](http://www.drl.state.wi.us) and click on the “Credential Holder Query” button.

## Endorsements

Requests for endorsements to other states must be in writing. The cost is \$10. Please make check or money order payable to the Department of Regulation and Licensing.

## 2001 Meeting Dates:

June 25, July 31, September 10, October 18,  
November 16, December 17.

## Visit the Department’s Web Site

<http://www.drl.state.wi.us>  
Send comments to [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

**Digests May be Found on Web Site**